## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. . Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: □ No If YES, enter delivery address below: mid-South Subcontrators R/A National Registered Agents, Inc. 150 S. Perry Street Montgomery, AL 36104 3. Service Type Certified Mail ☐ Express Mail □ Registered ☐ Return Receipt for Merchandise Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

(Transfer from service label)
PS Form 3811, February 2004

2. Article Number

0520 (
Domestic Return Receipt

7000

102595-02-M-1540